## MANDT ENROLLMENT FORM

Rolla Regional Center PO Box 1098 Rolla MO 65402 FAX # (573) 368-2206 Phone (573) 368-2200

For more information, contact: Phyllis Buckner, Quality Assurance Team (email: Phyllis.Buckner@dmh.mo.gov)

\* \* Classes start at 8:30 a.m. Late arrivals will not be allowed to attend. Please call before lass date if employee(s) cannot attend after they have been enrolled. \* \*

Recertification (8 hour course) (Specify level needed- Basic or Int	<mark>ermediate</mark> )		
Name	Date	В	I
Basic Day 1 (8 hour course) 1-Day Basic Course which covers the non Name	physical interaction strate  Date	egies	
Intermediate Day 2 (additional 8 hour course) 2-Day Intermedia physical interaction strategies		nphysica	l and
Name	<u>Date</u>		
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Provider Name:			
Stroot Address:			
City, State & Zip: Telephone Number:			
Provider Administrator or QMRP:			

TO REGISTER FOR MEDICATION ADMINISTRATION OR FOR INFORMATION Contact: Mary Governick, RN 14 Crescent Viburnum MO 65566 573-244-5894 (Phone/fax)

TO REGISTER FOR CPR/FIRST AID OR FOR INFORMATION
Contact: American Red Cross Phelps/Pulaski County Chapter at 573-364-3947

<sup>\*</sup> Each Mandt participant will receive certification for one year upon successful completion of written tests and demonstration. <u>Annual recertification is required within a 12-month time frame for all participants from the date of the Basic Day 1 training.</u>